

MENASHA HEALTH DEPARTMENT - RESTAURANT / RETAIL FOOD SERVICE INSPECTION REPORT

Business Name City Limits		Business Address 544 Fourth Street		County Winnebago		ID # 02-61513-M	
Legal Licensee City Limits		Mailing Address (Licensee) 8879 Pioneer Road, Larsen		Telephone # (920) 836-3615			
Date of inspection 12/2/13		Bare Hand Contact Plan in Place <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of Establishment <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Retail <input type="checkbox"/> School <input type="checkbox"/> Liq lic		Is operator Certified <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending <input type="checkbox"/> N/A	
Inspection Type <input type="checkbox"/> pre-inspection <input checked="" type="checkbox"/> routine inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Downtime <input type="checkbox"/> Non inspection visit				Action Taken <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional Permit 30 days <input type="checkbox"/> Withhold Permit <input type="checkbox"/> License suspended <input type="checkbox"/> License revoked <input type="checkbox"/> Other			
Person in Charge Becky McMahon - Need copy of state license				CFM # and expiration CFM # expiration date			

FOODBORNE ILLNESS RISK FACTORS	
Circle designated compliance status for each item IN -in compliance OUT – out of compliance N/O – not observed N/A – not applicable	Mark an X in appropriate box for COS and/or R COS – corrected on site during inspection R - repeat violation

COMPLIANCE STATUS			COS	R
DEMONSTRATION OF KNOWLEDGE				
1A	IN	Certified food manager, duties	<input type="checkbox"/>	<input type="checkbox"/>
1B	IN	Person in charge, ID knowledgeable, duties and responsibilities	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE HEALTH				
2	IN	Management awareness, policy present	<input type="checkbox"/>	<input type="checkbox"/>
3	IN	Proper use of reporting, restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
GOOD HYGENIC PRATICES				
4	IN	Proper eating, tasting, drinking	<input type="checkbox"/>	<input type="checkbox"/>
5	IN	No discharge from eyes, nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>
PREVENTING CONTAMINATION FROM HANDS				
6	IN	Hands cleaned and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
7	OUT	No bare hand contact or using approved plan	<input type="checkbox"/>	<input type="checkbox"/>
8	IN	Adequate hand washing facilities supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
APPROVED SOURCE				
9	IN	Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
10	NO	Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
11	IN	Food in good condition, safe, unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
12	NA	Records available, shell stock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
PROTECTION FROM CONTAMINATION				
13	OUT	Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
14	IN	Food contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
15	IN	Proper disposition of returned, previously served, reconditioned & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>

COMPLIANCE STATUS			COS	R
POTENTIALLY HAZARDOUS FOOD TEMPERATURE				
16	IN	Proper cooking time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
17	NO	Proper re-heating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
18	NO	Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
19	IN	Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
20	IN	Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
21	IN	Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
22	NA	Time as a public health control; procedures and record	<input type="checkbox"/>	<input type="checkbox"/>
CONSUMER ADVISORY				
23	IN	Consumer advisory supplied	<input type="checkbox"/>	<input type="checkbox"/>
HIGHLY SUSEPTABLE POPULATIONS				
24	NA	Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
CHEMICAL				
25	NA	Food additives approved and properly use	<input type="checkbox"/>	<input type="checkbox"/>
26	IN	Toxic substances properly identified, stored, used	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CONFORMANCE WITH APPROVED PROCEDURES				
27	NA	Compliance with variance, specialized process, HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>
Risk Factors: are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury. Risk factor violations should be corrected on site during the inspection unless there is some reason that correction cannot be immediately made.				

GOOD RETAIL PRACTICES									
Good retail practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into food. Mark an X in box if item is not in compliance. Mark an X in appropriate box for COS/R. COS – corrected on site during inspection R - repeat violation									
SAFE FOOD AND WATER			COS	R	PROPER USE OF UTENSILS				
28	NA	Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	41	IN	In use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>
29	IN	Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	42	IN	Utensils equipment and linen properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
30	NA	Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	43	IN	Single-use and Single service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
FOOD TEMPERATURE CONTROL					44	NO	Gloves properly used	<input type="checkbox"/>	<input type="checkbox"/>
31	IN	Proper cooling methods used; adequate equip. for temperature control.	<input type="checkbox"/>	<input type="checkbox"/>	UTENSILS AND EQUIPMENT				
32	NO	Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	45	IN	Food and nonfood contact surfaces; cleanable, properly designed, constructed and used	<input type="checkbox"/>	<input type="checkbox"/>
33	IN	Approved thawing methods used.	<input type="checkbox"/>	<input type="checkbox"/>	46	IN	Warewash facilities; installed, maintained, and used	<input type="checkbox"/>	<input type="checkbox"/>
34	IN	Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>	47	IN	Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
FOOD PROTECTION					PHYSICAL FACILITIES				
35	IN	Food properly labeled original container	<input type="checkbox"/>	<input type="checkbox"/>	48	IN	Hot and cold water available, under pressure	<input type="checkbox"/>	<input type="checkbox"/>
36	IN	Pests and animals not present, no unauthorized persons	<input type="checkbox"/>	<input type="checkbox"/>	49	OUT	Plumbing installed; proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
37	IN	Contamination prevented during food preparation storage and display	<input type="checkbox"/>	<input type="checkbox"/>	50	IN	Sewage and wastewater properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
38	IN	Personal cleanliness, jewelry	<input type="checkbox"/>	<input type="checkbox"/>	51	IN	Toilet facilities, properly constructed, supplied and clean	<input type="checkbox"/>	<input type="checkbox"/>
39	IN	Wiping cloths; properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>	52	IN	Garbage and refuse, properly disposed facilities and maintained	<input type="checkbox"/>	<input type="checkbox"/>
40	IN	Plant food cooking for hot hold Washing all fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>	53	IN	Physical facilities installed maintained and clean	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	54	IN	Adequate ventilation and lighting, designed and used.	<input type="checkbox"/>	<input type="checkbox"/>

Menu Review:
Review Conducted
☒ yes
☐ no
- New menu items
☐ Yes
☒ No
New items

New processes:
Does new process require variance
☐yes
☐ no

What interim step was taken pending variance

Addition to Consumer Advisory
☐ yes
☐ no
New menu item which requires consumer advisory

Concerns / Corrections Suggested:

TEMPERATURES – Refrigeration/hot hold/cook					
Item / Location	Temp	Item / Location	Temp	Item / Location	Temp
walk in cooler	34°F	prep cooler	40°F	prep cooler	39°F
upright refrigerator	38°F	hot hold steam table	169°F	--	° F
Cook steak / beef	146°F	Cook --	° F	Cook --	° F
WAREWASHING INFORMATION					
Machine Name	Sanitization Method	Thermo Label confirmed	PPM/ temp	Sanitizer Name / Approved Y/N	Sanitizer Type
	manual sanitize	<input type="checkbox"/> yes <input type="checkbox"/> No	100ppm / °F rinse	chlorine <input type="checkbox"/> Yes <input type="checkbox"/> No	chlorine

CDC Risk Code Factor Abbreviations and Violation by Category Numbers Table

(Use this table to group CDC risk factor listed below with violation from page 1)

Unsafe Sources (US)	Inadequate Cooking (IC)	Improper Hold (IH)	Cross Contamination (CC)	Personal Hygiene (PH)	Other CDC Factors (O)
9	16	18	13	3	1A
10	17	19	14	4	1B
11		20	15	5	2
12		21		6	23
		22		7	24
				8	25
					26

For each violation sited, use above table and record CDC Risk Code Factor abbreviation (such as “US” or “IH”), violation number, list from the Wisconsin Food Code (WFC) the reference number that refers to the area in violation.

Record CDC risk code abbreviation, violation # from 1st page, violation description, Food Code reference, corrective action, and score.

CDC Code	Violation number P- Priority Pf- Priority Foundation	Description of violation, WFC Reference Number including code reference text / Corrective Action Required – Note date(s) of repeat violations on previous inspections.	Compliance Date/ Corrected on site (COS)
PH	7 <input checked="" type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	<p>Food employee noted cutting vegetables (onion, tomato) and handling bakery with bare hands. Excellent hand wash procedures were noted.</p> <p>WISCONSIN FOOD CODE REFERENCE 3–301.11 Preventing Contamination from Hands. (A) FOOD EMPLOYEES shall wash their hands as specified under § 2–301.12. (B) <i>Except when washing fruits and vegetables as specified under § 3–302.15 or as specified in ¶ (D) of this section,</i> FOOD EMPLOYEES may not contact exposed, READY-TO-EAT FOOD with their bare hands and shall use suitable UTENSILS such as deli tissue, spatulas, tongs, single-use gloves, or dispensing EQUIPMENT. P</p> <p>CORRECTIVE ACTION Gloves or utensils must be used when handling all ready to eat foods. A bare hand contact plan could be put in place - refer to narrative section for the code which cites requirements for a bare hand contact plan to be approved.</p>	COS

CC	13 <input checked="" type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	Raw sausage wrapped in plastic was noted stored above containers of bbq sauce with open dispenser tops, product is ready to eat. Reminder - no other segregation issues were noted. WISCONSIN FOOD CODE REFERENCE 3-302.11 Packaged and Unpackaged Food — Separation, Packaging, and Segregation. (A) Food shall be protected from cross contamination by: (1) Except as specified in (1) (c) below, separating raw animal FOODS during storage, preparation, holding, and display from: (a) Raw READY-TO-EAT FOOD including other raw animal FOOD such as FISH for sushi or MOLLUSCAN SHELLFISH, or other raw READY-TO-EAT FOOD such as vegetables, P and (b) Cooked READY-TO-EAT FOOD; P CORRECTIVE ACTION All raw animal products must be stored below ready to eat foods.	COS
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Use this section for Good Retail Practice (GRP) Violations

Violation #	Description of violation, WFC Reference Number / Corrective Action Required	Compliance Date/ Corrected during inspection
49 <input type="checkbox"/> P <input type="checkbox"/> Pf <input type="checkbox"/> C	Ice bin behind the basement bar noted without a proper air gap drain. Ice bin drain noted extending into the local sanitary receptor. WISCONSIN FOOD CODE REFERENCE 5-402.11 Backflow Prevention. (A) Except as specified in ¶¶ (B), (C), and (D) of this section, a direct connection may not exist between the SEWAGE system and a drain originating from EQUIPMENT in which FOOD, portable EQUIPMENT, or UTENSILS are placed. P CORRECTIVE ACTION Ice bin drain should be at least 1" above the rim of the local sanitary receptor.	7 days

Long term controls in place

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Critical Violations which require greater than one re-inspection and/or repeated CDC Risk Factors violation(s) which are cited on 3 consecutive inspections shall result in the issuance of a re-inspection fee. Re-inspection fees are set based on the complexity of the establishment as follows:

- **Complex restaurants \$250.00**
- **Moderate restaurants \$200.00**
- **Simple restaurants \$150.00**
- **Retail >1 M \$300.00**
- **Retail 25K-1M \$250.00**
- **Retail remaining \$200.00**

Violations must be corrected by the compliance date, unless some arrangement has been made with Menasha Health Department. Re-inspection fees will be assessed to all CDC Risk Factor violations requiring more than (1) re-inspection or if the same CDC Risk Factor violation is cited on 3 consecutive inspections. Re-inspection fees will be billed to the owner of the establishment. Failure to pay re-inspection fee shall result in the following potential legal actions:

- **Temporary revocation of license**
- **License will not be renewed pending payment**
- **Enforcement conference with licensee or licensee representative which would require signed compliance agreement.**

Operators who wish to challenge the assessment of a re-inspection fee shall submit in writing circumstances and reason that they feel the re-inspection fee should not have been assessed. This statement must be

submitted to the Public Health Director. The issue will then be addressed by the City of Menasha Board of Health. Any violations and /or enforcement shall be complied with pending appeal.

The City of Menasha posts all Health Department Inspection reports on the City of Menasha Web-Site.

Inspection Narrative and information on non-violation observations and/or suggestions:

(D) FOOD EMPLOYEES not serving HIGHLY SUSCEPTIBLE POPULATION, may contact exposed, READY-TO-EAT FOOD with their bare hands if:

(1) *The PERMIT HOLDER obtains prior APPROVAL from the REGULATORY AUTHORITY;*

(2) *Written procedures are maintained in the FOOD ESTABLISHMENT and made available to the REGULATORY AUTHORITY upon request that include:*

(a) *For each bare hand contact procedure, a listing of the specific READY-TO-EAT FOODS that are touched by bare hands,*

(b) *Diagrams and other information showing that handwashing facilities, installed, located, equipped, and maintained as specified under §§ 5-203.11, 5-204.11, 5-205.11, 6-301.11, 6-301.12, and 6-301.14, are in an easily accessible location and in close proximity to the work station where the bare hand contact procedure is conducted;*

(3) *A written EMPLOYEE health policy that details how the FOOD ESTABLISHMENT complies with §§ 2-201.11, 2-201.12, and 2-201.13 including:*

(a) *Documentation that FOOD EMPLOYEES and CONDITIONAL EMPLOYEES acknowledge that they are informed to report information about their health and activities as they relate to gastrointestinal symptoms and diseases that are transmittable through FOOD as specified under ¶ 2-201.11 (A),*

(b) *Documentation that FOOD EMPLOYEES and CONDITIONAL EMPLOYEES acknowledge their responsibilities as specified under ¶ 2-201.11 (E) and (F), and*

(c) *Documentation that the PERSON IN CHARGE acknowledges the responsibilities as specified under ¶¶ 2-201.11 (B), (C) and (D), and §§ 2-201.12 and 2-201.13;*

(4) *Documentation that FOOD EMPLOYEES acknowledge that they have received training in:*

(a) *The RISKS of contacting the specific READY-TO-EAT FOODS with bare hands,*

(b) *Proper handwashing as specified under § 2-301.12,*

(c) *When to wash their hands as specified under § 2-301.14,*

(d) *Where to wash their hands as specified under § 2-301.15,*

(e) *Proper fingernail maintenance as specified under § 2-302.11,*

(f) *Prohibition of jewelry as specified under § 2-303.11, and*

(g) *Good hygienic practices as specified under §§ 2-401.11 and 2-401.12;*

(5) *Documentation that hands are washed before FOOD preparation and as necessary to prevent cross contamination by FOOD EMPLOYEES as specified under §§ 2-301.11, 2-301.12, 2-301.14, and 2-301.15 during all hours of operation when the specific READY-TO-EAT FOODS are prepared;*

(6) *Documentation that FOOD EMPLOYEES contacting READY-TO-EAT FOOD with bare hands use two or more of the following control measures to provide additional safeguards to HAZARDS associated with bare hand contact:*

(a) *Double handwashing,*

(b) *Nail brushes,*

(c) *A hand antiseptic after handwashing as specified under § 2-301.16,*

(d) *Incentive programs such as paid sick leave that assist or encourage FOOD EMPLOYEES not to work when they are ill, or*

(e) *Other control measures approved by the REGULATORY AUTHORITY; and*

I understand and agree to comply with the corrections ordered in this report. I understand the failure to comply could result in legal action including loss of license.

PIC signature or authorized employee	Date	Sanitarian Signature Todd Drew, R.S.	Date

Food Safety Fact Sheets Attached:

<input type="checkbox"/> Employee Health	<input type="checkbox"/> Employee Reporting Agreement	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Bare hand contact
<input type="checkbox"/> Responsibilities of the PIC	<input type="checkbox"/> Disposable glove use	<input type="checkbox"/> Cross – Contamination	<input type="checkbox"/> Demonstration of Knowledge
<input type="checkbox"/> Cooling Procedures	<input type="checkbox"/> Thawing Procedures	<input type="checkbox"/> Active Managerial Control	<input type="checkbox"/> Certified Food Manager
<input type="checkbox"/> Consumer Advisory	<input type="checkbox"/> HACCP	<input type="checkbox"/> HACCP Hazard Analysis	<input type="checkbox"/> Serving Safe Food
<input type="checkbox"/> Pre-Inspection	<input type="checkbox"/> Time as a Health Control	<input type="checkbox"/> Allergens	<input type="checkbox"/> Thermometer Calibration
<input type="checkbox"/> Catering	<input type="checkbox"/> Cooking Temperatures	<input type="checkbox"/> Microwave Cooking	<input type="checkbox"/> Interpreting the Inspection Report
<input type="checkbox"/> Variance / HACCP	<input type="checkbox"/> Frozen Foods	<input type="checkbox"/> Receiving	<input type="checkbox"/> Chemical / Physical Contamination
<input type="checkbox"/> Common Foodborne Illnesses	<input type="checkbox"/> Outdoor Events	<input type="checkbox"/> Serving Safe Food	<input type="checkbox"/> Effective Sanitizing
<input type="checkbox"/> Organizing Coolers	<input type="checkbox"/> Date Marking		